

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

11-29-2010

WELL LABEL # L 100391

**Amended - 7/2/12*

START CARD # 1011064

(1) LAND OWNER Owner Well I.D. _____
First Name GLEN & BECKY Last Name HALVORSON
Company _____
Address 17000 WEST LANGELL VALLEY ROAD
City BONANZA State OR Zip 97623

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 563.00 ft.

| BORE HOLE | | | SEAL | | | sacks/ lbs | |
|-----------|------|-----|-------------------|----------------|----------------|---------------|--------------|
| Dia | From | To | Material | From | To | Amt | lbs |
| 19 | 0 | 400 | Cement | 0 | 257 | 220 | S |
| 11 | 400 | 563 | Cement | 370 | 400 | 44 | 8 |

How was seal placed: Method A B C D E

Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

| Casing | Liner | Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|-------------------------------------|-------------------------------------|-----|---|------|-----|-------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 16 | | 1 | 57 | .250 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | | 57 | 257 | .375 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | | 242 | 400 | .250 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Shoe Inside Outside Other Location of shoe(s) 257

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

| Perf/S | Casing/ | Screen | Dia | From | To | Scrn/slot | Slot | # of | Tele/ |
|--------|---------|--------|-----|------|----|-----------|--------|-------|-----------|
| reen | Liner | | | | | width | length | slots | pipe size |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian

| Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) |
|---------------|----------|-----------------------|---------------|
| 850 | 11 | 84 | 24 |
| | | | |
| | | | |

Temperature 62 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
| | | | | |
| | | | | |
| | | | | |

(9) LOCATION OF WELL (legal description)

County Klamath Twp 40.00 S N/S Range 13.00 E E/W WM
Sec 26 SW 1/4 of the NE 1/4 Tax Lot 100
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

SAME AS ABOVE

(10) STATIC WATER LEVEL

| | Date | SWL(psi) | + | SWL(ft) |
|------------------------------|------------|----------|---|---------|
| Existing Well / Predeepening | | | | |
| Completed Well | 09-12-2010 | | | 21 |

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

| SWL Date | From | To | Est Flow | SWL(psi) | + | SWL(ft) |
|------------|------|-----|----------|----------|---|---------|
| 08-16-2010 | 21 | 497 | 2,000 | | | 21 |
| 09-07-2010 | 500 | 563 | 5,000 | | | 21 |

(11) WELL LOG

| Material | From | To |
|-------------------------------|------|-----|
| Cobbles and Brown Clay | 0 | 2 |
| Brown Clay | 2 | 7 |
| Brown Claystone | 7 | 25 |
| Multi Colored Fractured Rock | 25 | 34 |
| Large Gravels and Cobbles | 34 | 96 |
| Brown Volcanic Rubble | 96 | 112 |
| Soft Sticky Silty Clay | 112 | 146 |
| Gray Shale | 146 | 214 |
| Brown Shale | 214 | 353 |
| Brown Claystone | 353 | 392 |
| Hard Gray Basalt | 392 | 414 |
| Weathered Brown Basalt | 414 | 428 |
| Hard Black Basalt | 428 | 433 |
| Multi Colored Basalt | 433 | 452 |
| Hard Gray Basalt | 452 | 459 |
| Fractured Brown & Gray Basalt | 459 | 512 |
| Hard Gray Basalt | 512 | 529 |
| Fractured Brown & Gray Basalt | 529 | 563 |

Date Started 08-11-2010 Completed 09-12-2010

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

RECEIVED BY OWRD

License Number _____ Date _____
Electronically Filed _____
Signed JUL 25 2012

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 1385 Date 11-29-2010
Electronically Filed _____
Signed ROBERT BUCKNER (E-filed)
Contact Info (optional) _____